

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048787

STATE FILE NUMBER

Registration District No. 235

Primary Registration District No. 5809

Registrar's No. 83

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY Montgomery

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Danville Township

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery

c. CITY OR TOWN Montgomery City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Walter Elton Thorpe

4. DATE OF DEATH
Month Day Year
December 23, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
9-12-1897

9. AGE (last birthday)
66

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY
Wabash Railroad

11. BIRTHPLACE (City and state or country)
Mineola, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Edward Thorpe

13b. MOTHER'S MAIDEN NAME

Annie Hickerson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Emmett Hickerson
Address Montgomery City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart disease with edema 6 mo
Empty stomach (severe) more than 2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-22-63 to 12-23-63 and last saw her alive on 12-16-63
Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. P. Byford M.D.

22b. ADDRESS

Wellsville, Missouri

22c. DATE SIGNED

12-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12-26-1963

23c. NAME OF CEMETERY OR CREMATORY

Montgomery City Cemetery

23d. LOCATION (City, town, or county)

Montgomery City, Missouri

24. FUNERAL DIRECTOR

Schlanker Funeral Home

ADDRESS

Montgomery City Missouri

25. DATE RECD. BY LOCAL REG.

12-26-1963

26. REGISTRAR'S SIGNATURE

Laura A. Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0700
2 0700
3 2
4 0
5 3
6
7 0
8 2
9 5271
10
11
12 90-0
13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. Boone Schlabach

Licensed Embalmer No.

4136

P. O. Address

Montgomery City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.